

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 160 OF 182

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel Thompson

Mailing Address 862 Osceola Ave

City

Saint Paul

State

MN

Zip Code

55105-3208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2011

Transaction ID : 39831448

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard M Thompson

Mailing Address 7001 Tupa Dr

City

Edina

State

MN

Zip Code

55439-1643

FEC ID number of contributing
federal political committee.

C

Name of Employer

Suburban Radiologic Consultants, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2011

Transaction ID : 39831446

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Norman Thomson III

Mailing Address 808 Mayo Ln

City

Augusta

State

GA

Zip Code

30907-9292

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Assoc of Savannah

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2011

Transaction ID : 39831606

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►